## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I"AMENOMENT AFTER AS FILED 1 MANENBMENT AFTER I AMERDMENT IND. DEP. 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>57</u> <u>78</u> <u>32</u> : TOTAL IND T A \$ TOTALOG \$ B TOTAL DE **◆**■ TOTALDER **⟨**□ **∳**≖ **∜**¤ TOTAL CLABUS U.S. DEPARTMENT of COMMERCE

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